

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215545598				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FINRA Regulation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2015</p> <p>SCC ID NO: F1276775</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED					
COMMON	2,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1735 K STREET NW</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20006</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARCIA E. ASQUITH TITLE: SR VP/CORP SECR ADDRESS: 1735 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARCIA E. ASQUITH TITLE: SR VP/CORP SECR ADDRESS: 1735 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME:	CARLO V. DI FLORIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF RISK OFFR		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	TODD T. DIGANCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	LINDA D. FIENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHO		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	CAMERON FUNKHOUSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	THOMAS GIRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	STEVEN A. JOACHIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	TRACY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	STEVEN J. RANDICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CIO		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	THOMAS M. SELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	JONATHAN S. SOKOBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	GRACE B. VOGEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

NAME:	GERALDINE M. WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	CHARLES A. BOWSHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4503 BOXWOOD ROAD		
CITY/ST/ZIP/CO:	BETHESDA, MD 20816		
NAME:	JOHN J. BRENNAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 DEVON PARK DRIVE		
CITY/ST/ZIP/CO:	WAYNE, PA 19087		
NAME:	JAMES E. BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1655 13TH AVENUE		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95818		
NAME:	KEVIN CARRENO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 S ORANGE AVENUE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801		
NAME:	MARK S. CASADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 STATE STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		
NAME:	CAROL A. DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4851 BONITA BAY BLVD		
CITY/ST/ZIP/CO:	BONITA SPRINGS, FL 34134		
NAME:	JOHN F.X. DOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	834 UPPER HOLLOW ROAD		
CITY/ST/ZIP/CO:	STOWE, VT 05672		
NAME:	W. DENNIS FERGUSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1489 W. PALMETTO PARK ROAD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33486		
NAME:	GREGORY J. FLEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1585 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	HARVEY J. GOLDSCHMID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	435 WEST 116TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10027		

NAME:	WILLIAM H. HEYMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	SAINT PAUL, MN 55102		
NAME:	ROBERT KEENAN, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1609 WEST MAIN STREET		
CITY/ST/ZIP/CO:	RUSSELLVILLE, AR 72801		
NAME:	ROCHELLE LAZARUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	636 11TH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	KEN NORENSBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29 FROST LANE		
CITY/ST/ZIP/CO:	LAWRENCE, NY 11559		
NAME:	RICHARD S. PECHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	JOHN W. SCHMIDLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 SPRINGCROFT ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	JOEL SELIGMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 WALLIS HALL		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14627		
NAME:	GARY H. STERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1727 HUMBOLDT AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55403		
NAME:	KURT P. STOCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	630 ZUNI COURT		
CITY/ST/ZIP/CO:	TAOS, NM 87571		
NAME:	SETH H. WAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 WALL STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	JAMES D. WEDDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12555 MANCHESTER ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ MARCIA E. ASQUITH	MARCIA E. ASQUITH, SR	12/29/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/CORP SECR PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		